

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 12-23-08

Address: 719 W. CURTSINGER LOT 35

Case #: 45-49265

SCOTTSBURG IN

County: SCOTT

Type of Laboratory Seizure (check one)

- ☒ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☒ Residence
☐ Outbuilding
☐ Vehicle
☐ Hotel/Motel
☐ Open - No Structure
☐ Other: _____

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☒ Lithium/Ammonia Reaction(s): MASTER BEDROOM IN CLOSET
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: MASTER BEDROOM IN CLOSET
☐ Water Reactive Metal (Lithium): _____
☐ Anhydrous Ammonia: _____
☒ Hydrochloric Acid Gas Generator(s): 2 GENERATOR IN BAG ON FLOOR
☐ Corrosive Acid: _____
☐ Corrosive Base: _____
☐ Other (item and location): _____

Child under age 18 discovered (check one)

- ☒ Yes 5 (number present)
☐ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☒ Other: SEARCH WARRANT

This report is to be faxed to the following agencies that serve the location:

Fire Department: SCOTTSBURG

Fax: N/A

Health Department: SCOTT CO

Fax: 812-752-6023

Child Protection Service: SCOTT CO

Fax: 812-752-6568

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: JACKIE SMITH Phone 812-246-5424

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.